

Work Order ID 93277

\*93277\*

Page 1

November-15-12 10:46:17 AM

Item ID: 647.1710

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Plate

Stop

\*NS2\*

Start Date: 11/19/12 Start Qty: 12.00

\*12\*

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 12.00

\*12\*

Customer:

Reference:

Approvals:

Process Plan: ML5

Date: 12-11-15

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
647.1700	N/C

110 0.00

\*110\*

Waterjet

FLOW CNC Waterjet

7675 .160

Memo

I-Cut as per Dwg

Dwg Rev: A/C

Prog Rev: C/C

2-Deburr if necessary

12 0 JM 12-12-4

120

QC2- Inspect parts off machine FAI/FAIB

0.00

\*120\*

QC

Quality Control

Memo

0.00

12 0 JM 12-12-4

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																	
			Rework	<input type="checkbox"/>	Skid-tube	<input type="checkbox"/>	Crosstube	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	Engineering												
			Scrap	<input type="checkbox"/>	Machining	<input type="checkbox"/>	Small Fab	<input type="checkbox"/>	Prod. Eng. Coor.	<input type="checkbox"/>	Quality												
			Use-as-is	<input type="checkbox"/>	Thermoforming	<input type="checkbox"/>	Finishing	<input type="checkbox"/>	Rec/Store/Packaging	<input type="checkbox"/>	Other												
			Work Order Update	<input type="checkbox"/>	Large Fab	<input type="checkbox"/>	Composite	<input type="checkbox"/>	Supplier	<input type="checkbox"/>													
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector												
Doc/Data																							
Equip/Tooling																							
Operator																							
Material																							
Setup																							
Other																							
Process																							
Supplier																							
Training																							
Unapproved																							
FAULT CATEGORY																							
Landing Gear				General																			
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio								<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled		<input type="checkbox"/> Other	

Work Order ID 93277

November-15-12 10:46:17 AM

\*93277\*

Page 2

Item ID: 647.1710

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Plate

Stop

\*NS2\*

Start Date: 11/19/12 Start Qty: 12.00

\*12\*

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 12.00

\*12\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

\*130\*

QC

Quality Control

QC8- Inspect parts - second check

0.00

DAS

15

8-8

12 13 04

140

\*140\*

Brake NC

Brake NC

Form as per dwg

0.00

8-8

12

SK  
13/01/18

150

\*150\*

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

SK

0.00

13-1-18

12

8-8

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other			
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear Bending Centre Not Concentric to O/S Cracks Crushed/Crimped Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube				General Bend BOM/Route Broken/Damaged Burrs Contamination Countersink Cut Too Short Drill Holes Drawing Finish Folio		Grain Hardware Inspection Incomplete Instructions Incomplete/Unclear Maintenance Mislabeled Misread Offset Out of Calibration Out of Sequence Outside Dimensions		Ovalized Over/Under tolerance Part Incorrect Part Lost/Missing Part Moved Positioned Wrong Power Loss/Surge		Pressure/Forced Temperature/Cure Weld Wrong Stock Pulled  Other	

Work Order ID 93277

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November-15-12 10:46:17 AM

Item ID: 647.1710

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Plate

Start Date: 11/19/12 Start Qty: 12.00

\*12\*

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 12.00

\*12\*

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 <b>*160*</b> Outsource4	Outsource process-Anodize per QSI017 4.1.10.1	0.00							<i>CL 13/02/04 (12)</i>
Outsource process - Anodize	Memo ISSUE P/O: <u>19017</u> HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 3)	0.00							
170 <b>*170*</b> Packaging	Receive & Inspect for Damage & Mat'l Certs	0.00							<i>P 13/2/12 (12)</i>
Packaging	Memo	0.00							
180 <b>*180*</b> QC	QC5- Inspect part completeness to step on W/O	0.00	<i>DAS</i> <i>16</i>						
Quality Control	Memo	0.00							

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																	
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>																
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>																
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>																
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																	
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector												
Doc/Data																							
Equip/Tooling																							
Operator																							
Material																							
Setup																							
Other																							
Process																							
Supplier																							
Training																							
Unapproved																							
FAULT CATEGORY																							
Landing Gear				General																			
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio								<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled		<input type="checkbox"/> Other	

**Work Order ID 93277**

November-15-12 10:46:17 AM

**\*93277\***

Page 4

**Item ID:** 647.1710**Accept****\*N900040100\*****Setup****Start****\*NS1\*****Revision ID:****Item Name:** Plate**Stop****\*NS2\*****Start Date:** 11/19/12 **Start Qty:** 12.00**\*12\*****Cust Item ID:****Required Date:** 12/07/12 **Req'd Qty:** 12.00**\*12\*****Customer:****Reference:****Approvals:****Process Plan:****Date:****Tooling:****Date:****Run****Start****\*NR1\*****QC:****Date:****SPC (Y/N):****Date:****Stop****\*NR2\*****Sequence ID/  
Work Center ID****Operation  
Description****Set Up/  
Run Hours****Tool ID****Tool #****Plan  
Code****Accept  
Qty****Reject  
Qty****Reject  
Number****Insp.  
Stamp**

190

**\*190\***

SprayPaint

Spray Painting

**Memo**

0.00

12

0

0

A

13-3-22

PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 3)

CARDINAL 4860-50 PRIMER BATCH: 124204

200

**\*200\***

QC

Quality Control

QC14- Inspect Spray Paint

0.00

DAS  
16

13/03/28

210

**\*210\***

Packaging

Packaging

Identify as per dwg &amp; Stock Location: \_\_\_\_\_ 0.00

**Memo**

0.00

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

shipped to Apical

13-03-28

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced			
Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure							
Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>							
Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>							
Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>								
Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>								
Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>								
Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>	Other <input type="checkbox"/>								
Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>									
Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>									
Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>									

Work Order ID 93277

\*93277\*

Page 5

November-15-12 10:46:17 AM

Item ID: 647.1710

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Plate

Start Date: 11/19/12 Start Qty: 12.00

\*12\*

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 12.00

\*12\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start

\*NR1\*

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

220

\*220\*

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

13/3/28 80

ML5 13-03-28

NCR: Yes / No

DQA: Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS													
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>			Engineering <input type="checkbox"/>										
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>			Quality <input type="checkbox"/>										
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>			Other <input type="checkbox"/>										
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>													
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector								
Doc/Data																			
Equip/Tooling																			
Operator																			
Material																			
Setup																			
Other																			
Process																			
Supplier																			
Training																			
Unapproved																			
FAULT CATEGORY																			
Landing Gear				General															
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructor's Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions								<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
																<input type="checkbox"/> Other			

**Picklist Print**

November-15-12 10:46:17 AM

Page 1

Work Order ID: 93277

Parent Item: 647.1710

Parent Item Name: Plate

Start Date: 11/19/12

Required Date: 12/07/12

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP REV:A 12.10.04 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6S.160 7075-T6 Sheet .160		Purchased	No				sf	48.0000		13.844211 14			

Location	Loc Qty	Loc Code
MAT	48	
123644	48	123644

Jm 12-12-4

NCR: Yes / No

DQA: Date:

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Part No. _____											
NCR No. _____											
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending Centre Not Concentric to O/S Cracks Crushed/Crimped. Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube				Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/>							
				Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/>							
				Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/>							
				<input type="checkbox"/> Other							

## **DART AEROSPACE LTD**

**Work Order:**

**Description:** Plate

Part Number: 677.1710

Inspection Dwg: 647-17-06 Rev: N/C

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Page 1 of 1

## **FIRST ARTICLE INSPECTION CHECKLIST**

~~128~~

15

Measured by:	Jm
Date:	12-12-4

**Audited by:** 15  
9-89

**Preliminary Approval:** \_\_\_\_\_

APICAL  
INDUSTRIES, INC.

ENGINEERING CHANGE NOTICE NO. 02937

SHEET 1 OF 1

DWG NO. 647.1700 REV: NC PREPARED BY J. JACKSON DATE: 07/14/10 EFFECT ON DWG  
 INC.  UNINC.

DWG TITLE: SKID DEFLECTOR ASSY

APPROVED BY: ENGR *[Signature]* MFG *[Signature]* QC *[Signature]* EFF: CURRENT ORDER

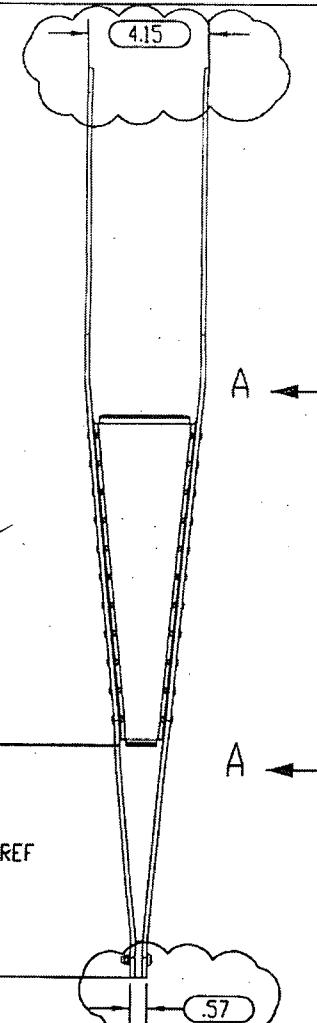
TRANSACTION CODES (TC):  
 A-ADD C-CREATE  
 R-REVISE D-DELETE

REASON: REVISED F/N 8 AND NOTE 3. ADDED INSPECTION DIMENSIONS TO DRAWING VIEWS.

SHEET 1, ZONE A1 IS:

3 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2, COLOR BLACK;  
 PRETREAT PRC-DESOTO PR-148 ADHESION PROMOTER, COLOR BLUE;  
 PRIME IAW MIL-P-23377J TYPE I CLASS N

SHEET 2,  
ZONE A1 IS:



8	R	601.1622	1	SCREW	MS27039-1-14 /
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
DOCUMENTS EFFECTED:					
<input type="checkbox"/> MDL	<input type="checkbox"/> INSTALL INSTRUC	<input type="checkbox"/> FMS	<input type="checkbox"/> ICA	<input checked="" type="checkbox"/> BOM <input checked="" type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

93277

#### NOTES.

 MATERIAL: 7075-T6 ALUMINUM PER AMS-QQ-A-250/12

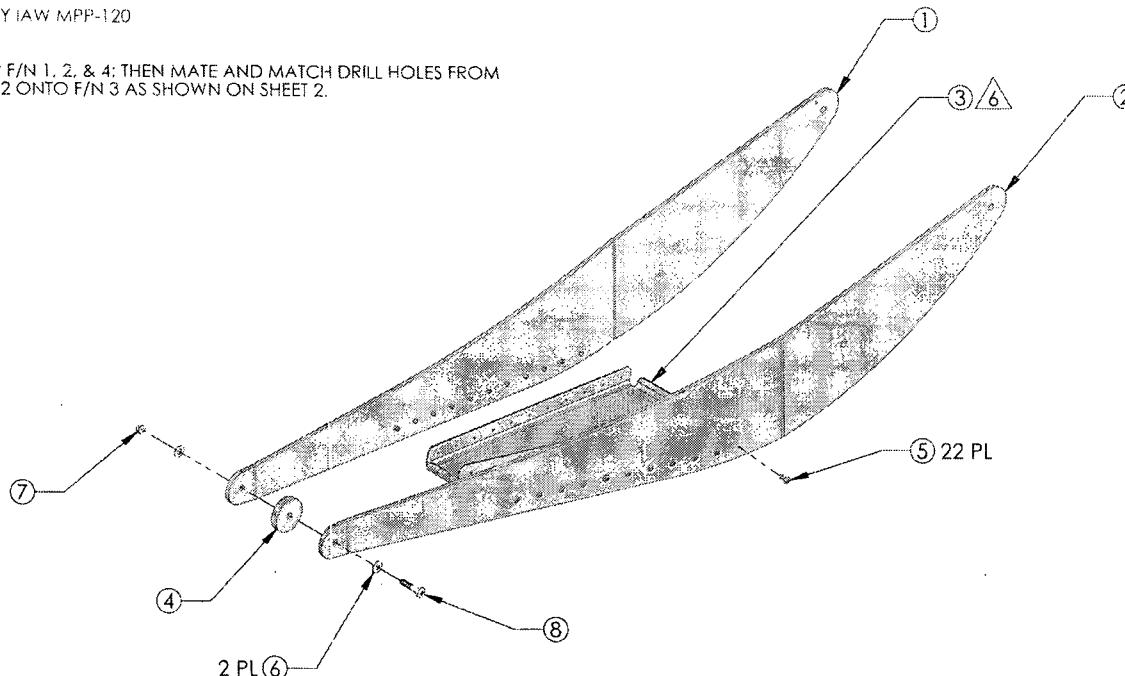
2 MATERIAL: 6061-T6 ALUMINUM BAR IAW AMS-QQ-A-250/11

3 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2,  
COLOR BLACK; CARDINAL 4860-50 FRETREATMENT PRIMER;  
PRIME IAW MIL-P-23377J TYPE I CLASS N

#### 4. DEBURR AND BREAK ALL SHARP EDGES

5. IDENTIFY IAW MPP-120

**6** CLAMP F/N 1, 2, & 4; THEN MATE AND MATCH DRILL HOLES FROM F/N 1 & 2 ONTO F/N 3 AS SHOWN ON SHEET 2.



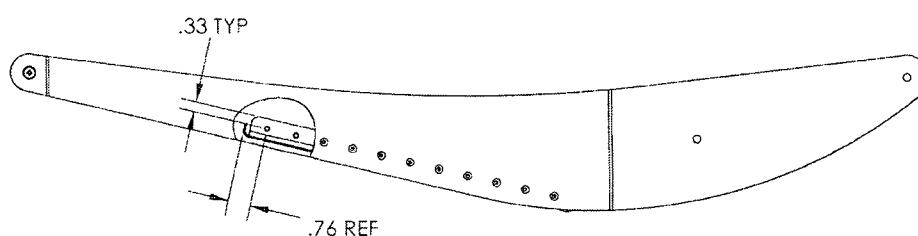
**UNINCORPORATED ECN(S)**

02931

93277

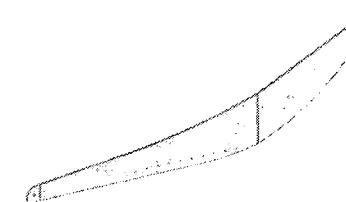
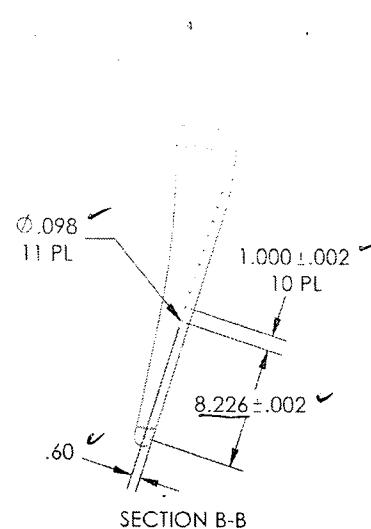
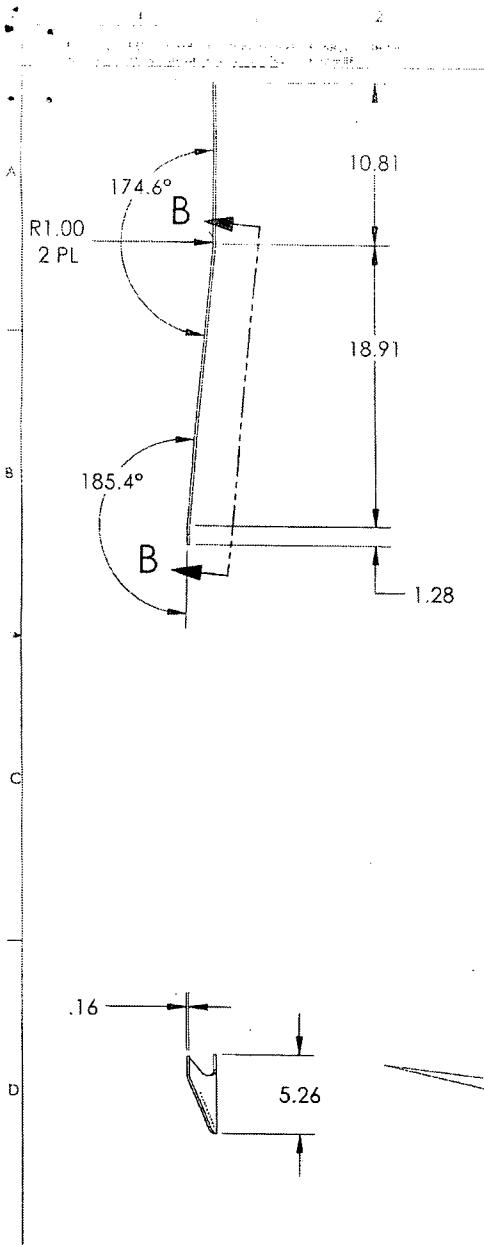
1 2  
1 2

A technical drawing of a probe assembly. The probe has a central tube with a tapered tip. A rectangular block is attached to the tip. A scale bar labeled "7.85 REF" is shown at the bottom left. The drawing is labeled with letters A, B, C, and D along the left edge.

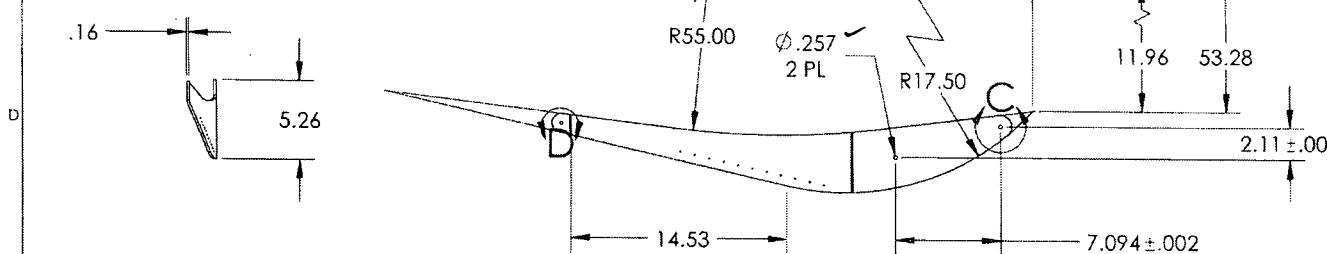
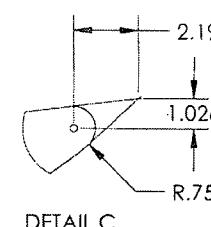
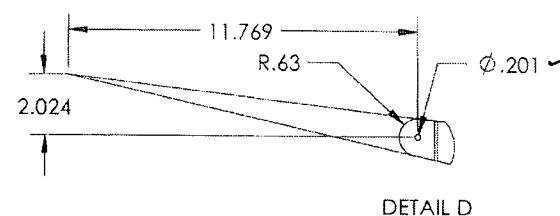


SECTION A-A

CHICAGO, IL 606-1147	04-03-05	APICAL INDUSTRIES		
DRAWN BY: [Signature]	CHIEF ENGINEER P. BRYAN	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300		
CHICAGO, ILLINOIS P. BRYAN				
CONTRACT NO:		SKID DEFLECTOR ASSY		
UNLESS OTHERWISE SPECIFIED SPECIFICATIONS ARE AS PER ASME SECTION VIII, DIVISION 1 3 PLACES OF DIM. = 2 IN. 1 PLACES OF DIM. = 1 IN.				
DATE: 10-12-04	DRAW. NO:	647.1700	REV:	N/C
SCALE: 1/4 INCH = 1 FT				

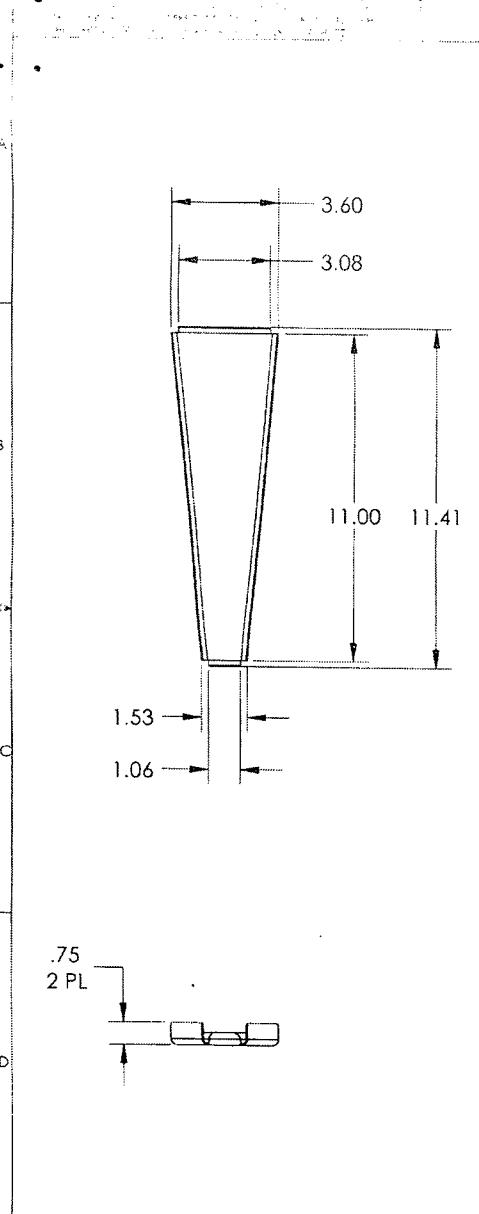


647.1711 SHOWN  
647.1710 OPPOSITE

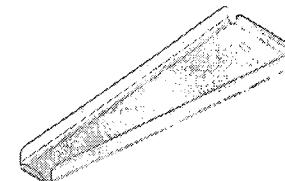


PRINTED DATE	04/20/04	DRAWN BY	DK
DESIGNED BY	DK	REVIEWED BY	DK
1. DRAWER	DK	2. DRAWER	DK
CREATING APPROVAL	DK	REVOCATION	DK
CONTRACTING			
UNLESS OTHERWISE SPECIFIED			
ALL DIMENSIONS ARE			
2 PLACES DECIMALS ± .01			
ANGLES ± 5°			
DATE	04/20/04	SYN. NO.	647.1700
BY	DK	REV.	N/C
SCALE	NONE	SHEET	3 OF 5

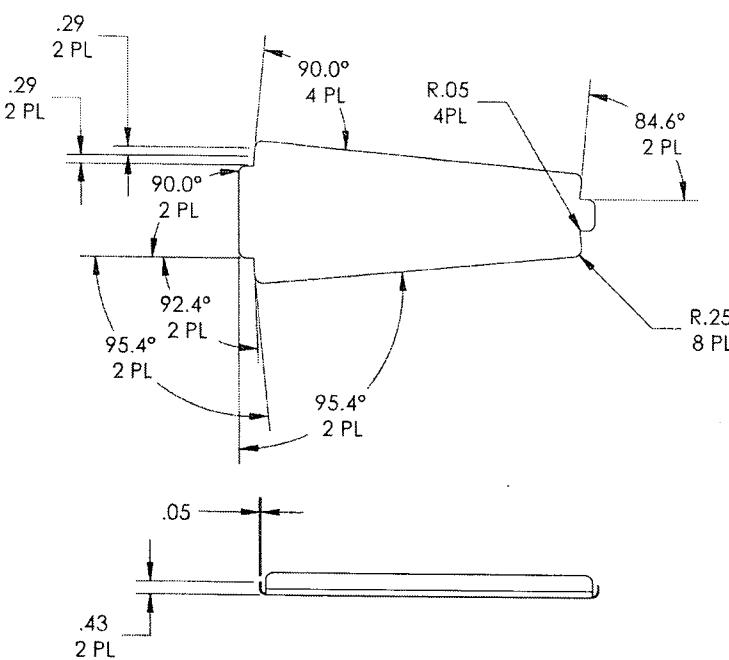
APICAL INDUSTRIES  
2608 TEMPLE HEIGHTS DR.  
OCEANSIDE, CA. 92056-3512 (760)724-5300  
SKID DEFLECTOR ASSY



JP 90.0° R.16  
UP 90.0° R.16  
UP 90.0° R.16

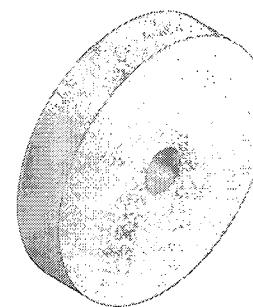
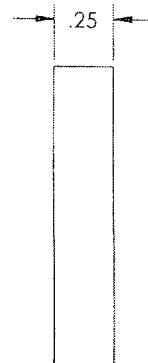


647.1712

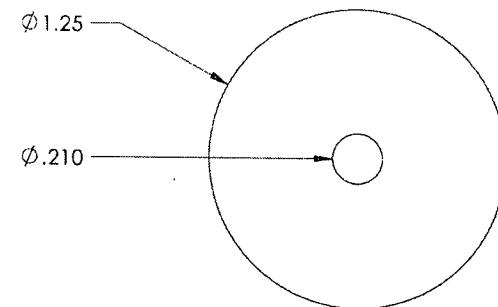


ORIGINAL DATE	04-03-02	APICAL INDUSTRIES
DEPARTMENT	CH-ROCKER	2608 TEMPLE HEIGHTS DR.
DESIGNER	J. GARDNER	OCEANSIDE, CA. 92056-3512 (740)724-5300
DRAWING APPROVAL	J. GARDNER	
U/C/REACT/HQ		SKID DEFLECTOR ASSY
UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES TOLERANCES ARE 2 PLACE DECIMALS ± .05 3 PLACE DECIMALS ± .005 ANGLES ± 5°		REV N/C
102	CAGE CODE	647.1700
B	07M16	
SCALE NONE		SHEET 4 OF 5

93277



647.1713



CONTRACT DATE	08/01/00	APICAL INDUSTRIES
DRAWN BY	J. CARPENTER	2608 TEMPLE HEIGHTS DR.
J. CARPENTER	P. BRAVO	OCEANSIDE, CA. 92056-3512 (760)724-5300
DRAWING APPROVAL	P. BRAVO	
CONTRACT NO.		SKID DEFLECTOR ASSY
DEPT/PROJ/NAME & NUMBER		REV
DEPT/PROJ/NAME & NUMBER		N/C
TOLERANCES ARE		
ALL DIMENSIONS ARE IN INCHES		
3 PLACES DECIMALS \$0.000		
ANGLES $\pm 5^\circ$		
SCALE: NONE		SHEET 5 OF 5



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62213

Date: 13-Feb-13

#### To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

#### Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via
Quantity	Description	
1 lot	Part: ASST 5 PCS D3299-1 12 PCS D3299-5 8 PCS D3299-7 16 PCS 647.1710 <i>4 1/2</i> 4 PCS 647.1711 5 PCS 647.1913 10 PCS 647.1913 9 PCS 647.1915 12 PCS 646.3610 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2  32 PCS 647.2511 PASSIVATE PER QQ-P-35 Job: 20130091	Rev:  PO: PO19017 Line:
Certificate of Conformance		
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.		
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY DATE: <u>13/2/13</u>		
CERTIFIED SIGNATURE: <u><i>MH</i></u>		
RECEIVER SIGNATURE: _____		